STUDENT DATA SHEET

PERSONAL INFORMATION

NAME: (LAST, FIRST, MIDDLE INITIAL)	RANK/GRADE:
NICKNAME:	DATE OF RANK:
GENDER:	AGE:
SSN:	BIRTH DATE:
MARITAL STATUS:	ARRIVAL DATE AT FT JACKSON:
HOMETOWN:	CURRENT ADDRESS: (ROOM #, PHONE #, EXT)
PERMANENT ADDRESS:	COUNTRY: (INTERNATIONAL STUDENTS ONLY)
E-MAIL ADDRESS:	

FAMILY MEMBER INFORMATION

SPOUSE:	GENDER	AGE	SPOUSE PHONE NUMBER:
CHILD:			ADDRESS:
CHILD:			ADDRESS:
CHILD:			ADDRESS:
CHILD:			ADDRESS:
CHILD:			ADDRESS:

EDUCATIONAL EXPERIENCE

COMPONENT: (CIRCLE ONE) ACTIVE USAR ARNG	COMMISSION SOURCE:
SCHOOLS: (UNDERGRADUATE)	MILITARY SERVICE SCHOOLS:
HIGHEST EDUCATION LEVEL:	PRIOR ENLISTED MONTHS/YEARS:

STUDENT DATA SHEET

FUTURE ASSIGNMENT

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:
ADDRESS:	PHONE NUMBER:

MEDICAL INFORMATION

PREVIOUS HOT WEATHER INJURY:	YES	NO	DATE:
PREVIOUS COLD WEATHER INJURY:	YES	NO	DATE:
ALLERGIC TO ANYTHING:	YES	NO	

ANY CONDITON(S) OR SITUATION(S) THAT WILL HINDER COMPLETION OF THIS COURSE:

OTHER INFORMATION

SINGLE PARENT:	YES	NO	
DUAL MILITARY COUPLE WITH CHILDREN:	YES	NO	
FAMILY CARE PLAN:	YES	NO	

POV DATA:			MOTORCYCLE DATA:		
DO YOU OWN A POV?	YES	NO	DO YOU OWN A MOTORCYCLE?	YES	NO
POV MAKE/YEAR/MODEL			MOTORCYCLE MAKE/YEAR/MODEL		
POV LICENSE TAG/EXPIRATION/STATE:			MOTORCYCLE LICENSE TAG/EXPIRATION/STATE:		

INSURANCE DATA:	
INSURER:	EXPIRATION:
	POV
	MOTORCYCLE

PRIVATELY OWNED WEAPON:	YES	NO
PRIVATELY OWNED WEAPON REGISTERED:	YES	NO